

Vertex Pharmaceuticals Incorporated
130 Waverly Street • Cambridge, MA 02139-4242
Tel. 617.444.6100 • Fax 617.444.6483
http://www.vrtx.com

FAX TRANSMISSION

То	USPTO
Examiner	Zinna Northington Davis
Group Art Unit	1625
From	Karen E. Brown
Date	May 15, 2006
Application No.	10/77'5,687
Attorney Docket No.	VPI/01-09 US
	Response to Office Action
Total Pages	22

Message or Comment

If any problems occur with this fax transmittal, please call (617) 444-6168 immediately.

MAY 1 5 2006

Attorney Docket No.: 01-09 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/775,687

Confirmation No.:

9163

Filing Date:

February 10, 2004

Examiner:

Zinna Northington Davis

Group Art Unit:

1625

Applicants:

John R. Snoonian et al.

For:

PROCESSES FOR THE FACILE SYNTHESIS OF DIARYL

AMINES AND ANALOGUES THEREOF

Certificate of Facsimile Transmission Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto are being facsimile transmitted to the United States Patent and Trademark Office on May 15, 2006.

05/16/2006 STEUMÉL1 00000056 500725 10775687

2160.00 DA 01 FC:1255

Typed or Printed Name

Signature

May 15, 2006

Cambridge, Massachusetts

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] an Amendment and Reply to Office Action; [X] a Petition for Five-Month Extension of Time; [] a Declaration; [] a Power of Attorney; [] a copy of a Notice to File Missing Parts; [] a Response to Notice to File Missing Parts; [] a Supplemental Declaration; [] an Associate Power of Attorney; [] a substitute Specification; [] formal drawings; [] Notice of Appeal; [] Appeal Brief; [] Petition for Revival; to be filed in the above-identified patent application.

Applicants: John R. Snoonian et al. Application No. 10/775,687

FEE FOR ADDITIONAL CLAIMS

[X] A fee for additional claims is not required.

[] A fee for additional claims is required.

The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOU PAID FOR	SLY E	RESENT XTRA	RATE		ADDITIO FEES	NAL
TOTA	AL CLAIMS	-	* =	х	\$ 50	=	\$	0
INDE CLAI	PENDENT MS	-	** =	х	\$200	=	\$	0
	F PRESENTATION OF			+	\$360	=	\$	
*	If less than 20, insert 20. If less than 3, insert 3.		то	TOTAL			<u>\$</u> 0	
[]	A check in the amount of \$ in payment of the filing fee is transmitted herewith.							
[]	Please charge \$ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.							
[X]	The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate							

copy of this transmittal letter is transmitted herewith.

Applicants: John R. Snoonian et al. Application No. 10/775,687

EXTENSION FEE

- [X] The following extension is applicable to the Response filed herewith; [] \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [] \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [] \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); [X] \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- [] 'A check in the amount of [] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] \$2,160.00 in payment of the extension fee is transmitted herewith.
- [X] Please charge the extension fee in the amount of [] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [X] \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- [X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

MISCELLANEOUS FEES

[]	Please charge \$	to Deposit Account No. 50-0725 in payment of the for
		(37 C.F.R. §).

Respectfully submitted,

Karen E. Brown, Reg. No.: 43,866

Attorney for Applicants

c/o Vertex Pharmaceuticals Incorporated
130 Waverly Street

Cambridge, Massachusetts 02139

Tel: (617) 444-6168 Fax: (617) 444-6483 Customer No. 27916